

## Country Programme Performance Summary

A. Country Information		
Country name: Somalia		
Category per decision 2013/31: Red	Current programme period: 2018-2020	Cycle of assistance: 3 <sup>rd</sup>

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
<b>Output 1: Increased national capacity to deliver comprehensive maternal health services including in humanitarian settings</b>			
Indicators	Baseline	Target	End-line data (by 31 Dec 2019)
• Number of midwives graduating from training that is in accordance to ICM-WHO standards	979	1,479	1,392
• Number of facilities with all the signal functions to provide skilled delivery	69	89	71
• Number of fistula repair surgeries	779	1,429	1,204

**Key Achievements** *(input also from the last CP evaluation)*

Building on the achievements of previous CP cycle and with continuous technical and operational support from UNFPA, the country has strengthened the provision of midwifery services, which are now institutionalized and constitute a core part of the health system in Somalia. The development of both the *National Midwifery Curriculum* and the *Midwifery Strategy* greatly improved midwifery in the country, primarily by ensuring midwives are aware of and adhere to international standards of service delivery. Concurrently, the provision of health care services progressed to cover most of the country's regions, as well as to reach the most vulnerable population segments, such as women, adolescent girls and young people. An integrated essential health services package is now in place through 27 Basic Emergency Obstetric and Newborn Care (BEmONC) and nine CEmONC (Comprehensive Emergency Obstetric and Newborn Care) health facilities supported by UNFPA.

Further to this, there is a visible increase in social re-integration of fistula survivors. This re-integration resulted in the increase of the number of successful fistula surgeries and repairs. Additionally, advocacy platforms were established to address harmful practices e.g. female genital mutilation (FGM) and child marriage.

In parallel, the country health system regulatory framework has been supported and enhanced as part of efforts to strengthen the national health system, in particular the midwifery regulatory framework and its professional registration system. Moreover, national capacity at the institutional and individual levels, including the national capacity to address and respond to humanitarian and crisis situations, was strengthened. The Minimum Initial Service Package (MISP) for reproductive health in crisis situations is incorporated and streamlined within the health facilities and centres. At the policy and strategy levels, the midwifery association's three-year strategy was developed to frame the institutional and organizational aspects of the association at national level.

**Output 2: Increased national capacity to provide sexual and reproductive health services, including in humanitarian settings**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>The country has humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth, including services for survivors of sexual violence in crises</li> </ul>	No	Yes	Yes
<ul style="list-style-type: none"> <li>Number of national counterparts with the capacity to implement MISP at the onset of crisis</li> </ul>	120	200	204
<ul style="list-style-type: none"> <li>Percentage of health facilities with personnel with the capacity to implement the new family planning human rights protocol</li> </ul>	<60%	85%	68% (estimated)
<ul style="list-style-type: none"> <li>The country is using a functional electronic logistics management information systems for forecasting and monitoring reproductive health commodities</li> </ul>	No	Yes	No

**Key Achievements** (input also from the last CP evaluation)

The country's supply chain management system for sexual and reproductive health has been strengthened. A functional Logistics Management Information System (LMIS) is in place and will be further developed and enhanced in the future. With access to the LMIS, Somali health facilities and the government have been able to work with better, evidence-based planning, programming, monitoring and forecasting of commodity security across the country.

The national capacity in the area of family planning and birth spacing was strengthened, with the successful institutionalization of the family planning programme within the different states and regions in Somalia. In parallel, family planning protocols, training manuals and guides were developed, endorsed and validated by the Ministry of Health and Human Services and other relevant institutions, such as the midwifery and nursing schools and associations.

UNFPA continued its support in the area of response to the humanitarian and crisis contexts by contributing to the Humanitarian Response Plan (HRP) in Somalia. UNFPA is the co-chair of the Sexual and Reproductive Health Working Group, and an active member of the Fistula Steering Committee; Clinical Management of Rape (CMR) task force; and, lately, the COVID-19 national task force.

According to the latest figures on health service provision, over 1,000,000 beneficiaries—in particular women, adolescent and young girls—accessed health services they needed through UNFPA-supported health facilities and clinics over the period of the CP cycle.

The technical and operational support provided by UNFPA has made a significant contribution to the decrease of the Maternal Mortality Ratio (MMR), which decreased by around 36% between 2000 and 2020; the MMR currently stands at 692/100,000 in 2020, while it was 1,080/100,000 in 2000.

**Output 3: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized youth, especially adolescent girls, including those at risk of child marriage**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of health, social and economic asset building programmes that reach out to adolescent girls at risk of child marriage</li> </ul>	1	3	5

• Number of girl centres established to provide adolescents with reproductive health services	0	3	4
• Number of health care providers with the capacity to provide youth friendly services	0	120	120

**Key Achievements** *(input also from the last CP evaluation)*

A well-established life skills programme for adolescents and young people is in place through strategic partnerships with line Ministries of Youth and Sports, as well as with Youth-Peer (Y-PEER) networks in a number of Federal Member States and regions. The awareness and behavioural change of youth, as well as their knowledge, attitude and practice regarding HIV/AIDS and harmful practices, including FGM, increased noticeably during the CP cycle. In addition, their knowledge of sexual and reproductive health and rights (SRHR) issues, including on family planning, increased too. In line with such knowledge and awareness, the advocacy programme for civic engagement, citizenship, abandonment of gender-based violence (GBV) and harmful practices, and peace and security is institutionalized well within the different youth and sports ministries, youth centres, youth associations and NGOs.

At the policy level, the National Youth Strategy, which includes SRH aspects, was endorsed and validated by the Somali Government. In the area of institutional capacity strengthening, the capacity of health care providers as well as youth-friendly service practitioners was strengthened and improved to deliver support required, as well as for further capacity building for youth organizations and for young people themselves. The capacity building component included different areas of youth empowerment, civic engagement and teaching of life skills.

To institutionalize the youth interventions and voice, youth-friendly spaces and centres were established at national and district levels to serve the needs and requirements of young Somalis. These youth-friendly spaces function as an incubator for youth interventions and programmes, in particular in the area of innovation.

In line with UN Security Council Resolutions (UNSCRs) 2250 (2019) and 2249 (2018), a Youth Peace and Security initiative was implemented to contribute to national reconciliation, peace and stability in Somalia. Concurrently, Somalia's Youth Advisory Board (S-YAB) was established jointly by the United Nations Country Team (UNCT) and Somali Government to serve as the official and organizational arm for youth engagement and civic participation in Somali development as well as to contribute to decision-making processes.

During the CP cycle, more than 1,000,000 adolescents and young people benefitted from, engaged in and accessed the different adolescent and youth services through the UNFPA-supported youth programme and machineries created, and youth-friendly facilities and spaces. Out of that, 110,000 adolescents and young people were informed and sensitized about SRH and HIV/AIDS issues.

**Output 4: Increased capacity of partners to provide services to survivors of gender-based violence, to prevent gender-based violence, harmful practices, and to promote reproductive rights and women's empowerment, including in humanitarian settings**

Indicators	Baseline	Target	End-line data
• Number of communities supported by UNFPA that declare the abandonment of female genital mutilation	180	400	286
• Number of policies that aim to ensure accountability on human rights of marginalized groups, gender equality, women's reproductive rights issues and gender-based violence prevention and response	3	6	7
• Number of religious leaders trained to advocate against gender-based violence and FGM/C	50	200	469

• Number of gender-based violence one stop centres with the capacity to provide medical and psychosocial support to survivors of gender-based violence	12	20	47
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**Key Achievements** (input also from the last CP evaluation)

The country witnessed noticeable progress and improvement in the area of gender equality and women’s empowerment (GEWE), in particular within the GBV and human rights arenas. This progress is rooted in the different components of the programme and its areas. Strengthened coordination mechanisms are in place as part of the GBV institutionalization process, which ensured GBV survivors and beneficiaries accessed essential service packages at national and sub-sector levels. Approximately 200,000 GBV survivors, including disabled women and girls, received the essential services package during the CP cycle.

The GEWE/GBV programme recorded an achievement in terms of the geographical spread and reach of GBV service provision. In addition, humanitarian and GBV actors gained greater understanding of and skills on coordination and how to implement GBV mitigation and response in different contexts. The programme was instrumental in facilitating greater access to the GBV multi-sectoral services, including legal, psychosocial counselling and support, medical care, and safety and security.

Within the GBV legalization and protection scheme, the programme achieved good results regarding the support, development and endorsement of related GBV rules, declarations and bills under the protection and human rights’ area of concern, e.g. the Sexual Offence Bill (SOB), and GBV survivors’ access to medical and protection services, in particular the legal ones. Additionally, the programme registered results in GEWE, GBV and human rights through its support to the development of relevant strategies and policies endorsed by the Somali Government e.g. *The Gender-Based Violence Strategy 2018-2020*, and *UN Somalia Gender Equality Strategy 2018-2020*, as well as the *Somali Women’s Charter 2019*.

To ensure strong institutionalization of GEWE/GBV in Somalia, GBV one-stop centres (GBV OSC) were supported by UNFPA. Forty-seven GBV OSCs, which cover the majority of Somali regions, provide most of the essential services package, including medical and health services within the MISP and CMR schemes.

The programme also enhanced the skills of humanitarian actors to utilize and work effectively in the area of Gender-Based Violence in Emergencies (GBViE) according to established guidelines and protocols. The programme supported the implementation of the provisions of the sexual offences legislation, especially with support to gender-responsive investigations and the handling of survivors of GBV by the police and security forces.

Additionally, the programme witnessed an improvement in advocacy and awareness raising among the target population as well as the decision-makers. In particular, a noticeable number of communities declared FGM abandonment (286 communities to date), of the expected 400 communities to be reached and mobilized against FGM by the end of 2020. Concurrently, the programme supported advocacy for the adoption and implementation of sexual offences legislation and the formation of a strategic advisory council of religious leaders to push for acceptance of and consensus on the legislations and pro-zero tolerance-to-FGM fatwas. The work with religious leaders reached out to 469 Sheiks and Imams who support UNFPA’s GBV programme to eliminate and combat GBV and harmful practices, including FGM and early marriage.

The programme strengthened the national capacity for all actors and service providers dealing with GBV survivors, particularly in the areas of medical care and treatment, such as CMR and sexual offenses. In addition, the programme supported community mobilization and outreach, as well as the referral pathways, for GBV survivors. Within this context, UNFPA leads the GBV Information Management System for evidence-based information and data regarding GBV incidents across the country. UNFPA serves as Co-Chair, with UNHCR, of the GBV Cluster coordination mechanism comprising UN agencies and national and international NGOs working on GBV in Somalia.

**Output 5: Strengthened national capacity for production and dissemination of high-quality disaggregated data on population, development and sexual and reproductive health issues that allow for mapping of demographic disparities and socioeconomic and health inequalities, and for programming in humanitarian settings**

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of government statistical departments that have the capacity to analyze and use disaggregated data for mapping of demographic disparities and socioeconomic inequalities</li> </ul>	0	3	6
<ul style="list-style-type: none"> <li>Number of population situation analysis reports undertaken by national government to identify priorities and formulate policies and programmes</li> </ul>	0	3	4

**Key Achievements** *(input also from the last CP evaluation)*

This Population Dynamics (PD) programme area had great achievements during this CP cycle. For the first time, Somalia has real-time information on the health and demographic situation, that serves as the baseline and foundation to its national development planning and programming framework. This information emanated from The Somali Health and Demographic Survey (SHDS) 2020, conducted by the Somali Government and Federal Member States, with substantive technical support from UNFPA. This survey, which has been well-recognized by all partners, donors and the national government in Somalia, has generated healthy discussions around various topics in Somalia, which aim to spur actions to benefit Somali communities.

Somalia's national capacity in official statistics and analysis of population dynamics was strengthened substantially and enhanced in many related areas such as data collection, processing, tabulation, reporting and analysis.

Strengthened skills and knowledge have resulted in a new national sampling frame for Somalia, including the nomadic population, covered extensively for the first time, through the adoption and innovation of new sampling methodologies and approaches. Geographic Information Systems (GIS) techniques, coupled with extensive local knowledge from people on the ground, were used to delineate, survey, enumerate and collect data. These new methodologies and knowledge led to the survey reaching and covering hard-to-reach areas and regions, resulting in a high coverage rate of 97% of the selected and sampled households and population. Throughout these processes, statistical teams from the Somali authorities worked in collaboration with UNFPA, learning on the job.

Additionally, the PD programme had a specific maternal mortality component to assess the maternal mortality ratio (MMR) within the context of SHDS. This specific component included data on Somalia's MMR, which helps to address different aspects, including the situation, and causes and consequences of MMR. Based on this specific component, a noticeable decrease was observed in the MMR, from 1,080/100,000 in 2000 to 692/100,000 live births in 2020.

In the context of evidence-based planning and support to Somalia's ninth *National Development Plan (NDP 9 2020-2024)*, the programme provided about 60% of data on the national Sustainable Development Goals (SDGs) including SDGs 3 and 5, to inform the NDP 9.

This programme produced a considerable number of technical manuals and guidelines, special research papers, as well as estimations in the areas of data collection, geospatial techniques, data sampling, disaggregation, tabulation and analysis.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	2015	NA	NA	2020	This information is not available, even in the last WHO assessment. Based on field experience and based on UNFPA family planning interventions most of the health facilities have shortages of the urgent life-saving maternal/RH medicines
Contraceptive prevalence rate (total)	6%	2016	7%	2020	Based on SHDS main results 2020
Proportion of demand for contraception satisfied (total)	NA	NA	2.1%	2020	Based on SHDS main results 2020
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	NA	2017	70%	2020	Based on UNFPA security commodity programme information during 2019
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	33%	2017	32%	2020	Based on SHDS main results 2020

Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2017	3	2019	Other protocols still under revision for endorsement by the government, such as: i) Ensuring human rights within contraceptive service delivery: An implementation guide ii) Selected practice recommendations for contraceptive use iii) Decision-making tool for family planning clients and providers
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	NA	NA	NA	NA	Not relevant to Somalia context
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	NA	NA	Yes	2020	According to NDP 9 (2020-2024) under the socioeconomic pillar. The % is still not entirely clear

### **Summary of National Progress**

The country has made noticeable progress in its development strategies regarding the health sector and related action plans. Since 2017, the country revised and developed different strategies and policies to improve its health sector and advance in the provision of its integrated essential health services within its health facilities, clinics and centres. The public health law and the right to health policy were both developed and endorsed to respond to and address human rights protocols in the area of SRHR. The institutionalization of health interventions and provision of services is in place and they are an integral component of the various health strategies and action plans.

Somalia developed a Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) strategy in 2019. The Ministries of Health in various Somali states supported the strengthening of interventions for health sector capacity building along with good governance initiatives. The health regulatory framework was enhanced, in particular for nursing and midwifery education and associations.

The SRH provision of services was strengthened through the improvement of the BEmONC and CEmONC facilities, which led to an increase in the accessibility by the different key population segments, especially women, girls, adolescents and young people.

The family planning and birth spacing programme witnessed good progress and improvement in the national capacity and the number of the consultations and services provided. Within the humanitarian context, an endorsed and improved national humanitarian and disaster reduction strategy is in place along with a Humanitarian Response Plan.

### **UNFPA's Contributions**

UNFPA has a concrete role and supports the strengthening of the health sector and its continuous improvement. This is due to the solid support provided by UNFPA to the country, both technically and operationally, and in particular to the Ministries of Health, midwifery schools and associations, and fistula interventions. This support has contributed to strengthening and improving the health sector, in particular within the context of the health national capacity building, health facilities improvement, and capacity to serve the target population by increasing accessibility to and outreach of the services.

Additionally, UNFPA has supported and contributed to the national health sector policies, including the *Reproductive Health Strategy; Midwifery Associations' Strategic Plan; Primary Health Care Policy; and Community Health Strategy*. Within this context, 71 health facilities were supported, including 27 BEmONC and nine CEmONC during the CP cycle.

A total of 1,392 midwives graduated from UNFPA-supported schools and colleges and 1,204 fistula repair cases were treated.

An estimated 68% of the facilities have the capacity to implement the family planning human rights protocol. UNFPA also supported the capacity building of Somali entities and individuals in the area of humanitarian response through its contribution to the humanitarian and resilience scheme in Somalia, as well as by supporting the integration of the MISP within the SRH and health sector scope of work. Around 204 national staff were well trained on the MISP package.

### **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	41%	2017	> 75%	2020	Figure generated from adolescents and youth behavioural change on HIV/AIDS communication
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Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2016	No	2019	The laws are not available although adolescents have access
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**Summary of National Progress**

Despite the prevailing insecurity, evolving situations politically and economically, inadequate availability of resources, and other limitations, the Somali Government has achieved noticeable progress and improvement in the area of adolescents and youth. Such achievements come under the institutional level by having an endorsed *National Youth Strategy 2018-2020* in place with its action plan, which includes the SRH and health issues within its components and areas of concern.

Additionally, the Youth Peace and Security area counts on the commitment of the government to support the UN Security Council Resolutions 2249 and 2250 by having in place the Somali Youth Advisory Board (S-YAB) jointly with Somalia UN country team (UNCT) as a machinery and mechanism to serve all Somali youth and to address their needs and rights. In terms of advocacy and awareness raising, the country has increased the knowledge, attitudes and practices of Somali adolescents and youth around leading healthier lifestyles, civic engagement, learning life skills, responsible citizenship, and innovation. These efforts also increased their ability and capacity to engage in decision-making processes. As part of youth empowerment, the country enhanced its youth-based organizations, networks, as well its ministries of youth to be able to address and support the youth in their different scopes or work and involvement in areas such as economic empowerment and political participation.

**UNFPA's Contributions**

UNFPA has provided concrete support and contribution to the Somali youth programmes and interventions, such as strengthening the national capacity of the ministries of youth, Y-PEER networks and youth-led organizations. In addition, UNFPA, in collaboration with other partners, implemented youth behavioural change communication on the prevention of HIV/AIDS as well as to address the FGM issues in Somalia. These efforts have led to an increase in and the awareness of knowledge of HIV/AIDS as well as related and other harmful practices. This behavioural communication reached out to more than 50,000 adolescents and young people. Moreover, UNFPA's youth programme was able to reach more than 500,000 adolescents and young people through its advocacy interventions, with noticeable positive changes in their knowledge and attitudes regarding different aspects of healthy lifestyles, youth-friendly issues, civic and political engagement, and citizenship.

UNFPA additionally supported the establishment of four youth district councils along with the S-YAB to support youth rights and empowerment. At the national institutional level, UNFPA supported and contributed to the development and endorsement of the *National Youth Strategy*, which includes all reproductive health and rights areas.

In parallel, the UNFPA youth programme contributed to the youth, peace and security agenda through a joint programme with UN-HABITAT, funded by the United Nations Peace Building Fund, as well as the establishment of S-YAB, which is part of the structure supporting youth decision-making and participation at the national level. UNFPA chairs the Youth Working Group as a coordination body for youth issues and components in Somalia at national level.

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	NA	NA	Yes	2020	Only one action plan is available and has SRHR as part of the budget allocations. This comes based on the last endorsed version of the NDP 2020-2024
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	0%	2015	70%	2020	The country is still going to fulfill the remaining recommendations within its new NDP 2020-2024
Percentage of women aged 15-49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	75%	2012	36%	2020	According to the SHDS 2020, 36% of women aged 15-49 agreed with at least one reason for hitting women, out of the reasons below: neglecting household duties; arguing with the husband; going out without telling him; wasting resources; neglecting the children and refusing to have sex with the husband.

### **Summary of National Progress**

Under the gender equality and women's empowerment as well as protection areas, the country witnessed solid progress and improvement at the legal and regulatory levels to support women's empowerment in Somalia. There has been a noticeable and positive change in the government's practice to integrate and address the issues of gender equality and women's empowerment in its different policies, strategies and action plans as well as the charters of its work. These include, for example, the endorsement of the *Somalia Women's Charter* in 2019 and the Women, Peace and Security agenda. Additionally, the country has several strategies that have been developed and endorsed, such as *The GBV Strategy 2018-2020*, and *UN Somalia Gender Equality Strategy 2018-2020*, as well as the Sexual Offences Bill (SOB) that is in the pipeline, to be approved in 2020.

The country has responded effectively to the 2016 Universal Periodic Report (UPR) recommendations through having in place the integration of the SRH and rights within the different policies and strategies that deal with GEWE issues in Somalia, including in the humanitarian context. Other work has been carried out regarding the public health law, right to health, as well as the strategy for combatting and abandonment of FGM.

### **UNFPA's Contributions**

UNFPA, within its GEWE programme component, has played a crucial role in the areas of GBV, human rights and protection to advance and support the improvement of the GEWE. The agency has played a positive role in community mobilization and outreach to ensure selected communities' abandonment of all harmful practices, including child marriage and FGM. UNFPA supported the institutionalization of the work with GBV survivors by providing services through GBV one-stop centres and safe spaces (47 one-stop centres have been supported). Concurrently, UNFPA supported 200,000 women and girls who are GBV survivors, and enabled them to access and benefit from the essential package of services.

UNFPA strengthened the national capacity of GBV social workers and health care providers in the areas of MISP. The agency also developed their capacity in the area of CMR medical services and interventions for the GBV survivors. In addition, the national capacity for multi-sectoral provision of services such as psychological counselling services was strengthened, and the safety and protection of and medical support to GBV survivors has been enhanced.

At the advocacy and awareness raising level, UNFPA contributed to and led the advocacy for zero tolerance of GBV and FGM. Moreover, UNFPA supported legislative advocacy and policy action to end GBV and harmful practices, and worked closely with religious leaders in these areas.

### **Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	2015	No	No	2020	The census is planned to be conducted during the new CP 2021-2025
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	2014	Yes, partially	Yes, fully	2020	The results of the SHDS were launched and published in 2020, and disseminated among stakeholders

Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2016-2017	Yes	2020	The current CPD evaluation is ongoing and will be in place by August 2020
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	30%	2017 <sup>1</sup>	75%+	2020	Most of population dynamics were well incorporated in the NDP 9 under the socioeconomic pillar

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<sup>1</sup> Previous NDP 2017-2019 has some population dynamics

### **Summary of National Progress**

The country has strengthened the national statistical capacity that serves as the core workforce to conduct any kind of household survey and statistical work for evidence-based planning and programming. The National Statistical Offices (NSOs) own a good governance process and have the statistical capacity to lead, at institutional and individual levels, and conduct statistical work and discharge related duties. The Somali government during this CP cycle developed its evidence-based 9<sup>th</sup> National Development Plan (NDP) for the period 2020-2024, using information, facts and data to guide the plan. In the same context, Somalia, for the first time, has access to reliable national data thanks to its first national Somali Health and Demographic Survey (SHDS) 2020. The SHDS includes information on population structures, groups, development thematic areas such as SRH, GBV, youth, elderly populations, and socioeconomic and demographic characteristics and compositions. In addition, the country has information from its first specialized maternal mortality survey and estimates for the maternal mortality ratio (MMR), which will guide the country in reducing maternal and child morbidity and mortality.

Another solid achievement within the statistical area is the development of a sampling frame at the national level and covering the hard-to-reach nomadic population, which is now available for the first time, with country-wide coverage. The national sampling frame will serve as a foundation and baseline for all future household surveys and data collection exercises. The nomadic sampling and data collection methodology will be a critical milestone for any future population-related surveys and data collection processes. In this regard, Somalia now has a full set of demographic indicators and data for the entire population and for the estimation of the MMR. The MMR has reduced by more than one-third, from 1,080/100,000 live births in 2000 to 692/100,000 live births in 2020.

In parallel, the country now has population situation analysis reports for 2018 and 2019, which provide a holistic picture on the situation of the population and its trends. Moreover, Somalia's national SDGs data were estimated through the SHDS 2020: around 60% of the information for the national SDGs were used for developing the NDP 9 as evidence-based foundations and baselines.

### **UNFPA's Contributions**

The UNFPA Population Dynamics (PD) programme provided sound technical and operational support and backstopping to the national statistical bodies and offices in Somalia to strengthen their capacities in the area of statistical work, including in crucial areas such as data collection, processing, tabulation and analysis. Core teams of field workers, statisticians, demographers, and geographical information systems (GIS) specialists were trained as Trainers of Trainers (TOTs) in Somalia, with the support of UNFPA, at the institutional and staff capacity-building levels. UNFPA contributed substantively to the Somali evidence-based planning and programming through its support to the SHDS, which provided a full-fledged set of much-needed evidence, information and real-time data for the national development planning process, in particular for the endorsed NDP 9. In parallel, UNFPA supported the estimation of the current MMR for Somalia by supporting a specialized maternal mortality survey as an integral part of the SHDS, which provided strong evidence regarding the noticeable decrease of the MMR in Somalia over time.

Within the context of data production, UNFPA estimated and measured about 58% of the Somalia national SDGs, including goals 3 and 5. These measures provided more insights and trends on national progress towards the achievement of these and other SDGs. Additionally, UNFPA produced a full, comprehensive SHDS national report that provides a holistic picture on the population status, socioeconomic and demographic situations, GBV and family planning characteristics for various population groups, disaggregated by age, gender, location, and region. As part of the technical capacity support to Somalia's development process, UNFPA developed and innovated several data science guidelines, techniques and manuals such as using GIS for household surveys, sampling, data collection and delineation of enumeration areas. With support from UNFPA, Somalia was able to pass the Statistics Bill into law, an incredible achievement that will further develop the capacity of the government and member states to collect and analyze useful data in the future.

<b>D. Country Programme Resources (in USD)</b>						
<b>SP Outcome</b> <b>Choose only those relevant to your CP</b>	<b>Regular Resource</b> <b>(Planned and Final Expenditure projected to 31 December 2020)</b>		<b>Others</b> <b>(Planned and Final Expenditure projected to 31 December 2020)</b>		<b>Total</b> <b>(Planned and Final Expenditure projected to 31 December 2020)</b>	
Increased availability and use of integrated sexual and reproductive health services	1.8	2.8	13.8	20.8	15.6	23.4
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.8	0.8	5.9	9.2	6.7	10.1
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.8	0.8	7.5	9.6	8.3	10.5
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1.6	2.0	11.8	15.2	13.4	17.2
Programme coordination and assistance	0.3	0.3	0.4	0.4	0.7	0.7
<b>Total</b>	<b>5.2</b>	<b>6.7</b>	<b>39.4</b>	<b>55.2</b>	<b>44.7</b>	<b>61.9</b>